

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
**APPLICATION FOR MEALS & RENTALS TAX
OPERATORS LICENSE & ACH DEBIT AUTHORIZATION****Mail To:** Collection Division, PO Box 454, Concord, NH 03302-0454. Telephone No. (603) 271-2191.

FOR DRA USE ONLY

License Number

Date Issued

LICENSE REQUIRED BEFORE OPERATING

Be sure to read instructions on reverse side before filling out this form.

PLEASE TYPE OR PRINT CLEARLY

- 1 BUSINESS NAME _____
- 2 NAME OF ENTITY _____
- 3 MAILING ADDRESS _____
- 4 ADDRESS CONTINUED _____
- 5 CITY OR TOWN _____ STATE _____ ZIP CODE _____
- 6a Type of Legal Organization: ☐ ① Proprietorship ☐ ② Corporation ☐ ③ Partnership ☐ ④ Fiduciary ☐ ⑤ Non-Profit
- 6b Or, LLC Taxed as: ☐ ① Single Member ☐ ② Corporation ☐ ③ Partnership Complete **EITHER** 6a or 6b, but not both
- 7 Federal Employer Identification Number of the above operation: _____ (Do Not Enter SSN)
- 8 If you have not entered an FEIN at line 7 above, under what social security number or department identification number will your business taxes for this operation be filed? **SSN:** _____ or **DIN:** - _____
- 9 List individual owner, partners or president and treasurer:
- | Name | Title | Social Security Number | Home Address |
|-------|-------|------------------------|--|
| _____ | _____ | _____ | STREET ADDRESS _____
CITY/TOWN, STATE, ZIP CODE _____ |
| _____ | _____ | _____ | STREET ADDRESS _____
CITY/TOWN, STATE, ZIP CODE _____ |
| _____ | _____ | _____ | STREET ADDRESS _____
CITY/TOWN, STATE, ZIP CODE _____ |
- 10 Contact Person if other than above _____ NAME _____ TITLE _____ Telephone # _____ Ext. _____
- 11 Business Telephone # _____ Ext. _____ Home Telephone # _____
- 12 Business Location in NH _____
- 13 Proposed opening date _____ (Required) STREET, CITY and ZIP CODE _____
- 14 Type of business activity _____
- 15 Check Here if you Serve.... ☐ Food ☐ Alcoholic Beverages
- 16 Check here if you rent..... ☐ Sleeping Accommodations. Number of Rooms _____ ☐ Function Rooms
- 17 Check here if you are requesting permission to file returns on a seasonal basis (less than twelve returns per year). ☐
If yes what months will the business operate? _____
- 18 Prior business name _____ Prior Owner _____

I hereby certify that the above given information is true and correct and in conformity with applicable state laws.

SIGNATURE (IN INK) (REQUIRED ON ALL APPLICATIONS)

TITLE

DATE

FOR DRA USE ONLY

ACH DEBIT AUTHORIZATION

- | | | |
|-------------------------|--|--|
| 19 Bank Name | 20 Bank Routing & Transit # | |
| 21 Name on Bank Account | 22 FEIN/SSN on Bank Account | |
| 23 Bank Account Number | 24 Account Type <input type="checkbox"/> Statement Savings <input type="checkbox"/> Checking | |

YOU MUST PROVIDE A COPY OF A VOIDED CHECK OR A SAVING WITHDRAWAL SLIP FOR THIS ACCOUNT.

By signing below, I hereby authorize the New Hampshire Department of Revenue to initiate variable debit entries to the bank account and the depository named above.

Signature (in ink) (required for all ACH Debit Authorizations)

Title

Date

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
MEALS & RENTALS TAX OPERATORS (RSA 78-A:4)
GENERAL INSTRUCTIONS

- * A separate application must be made for each place of business.
- * Licenses are not transferable.

Incomplete applications are returned to the applicant and will result in a delay in issuing. Some common omissions/errors are:

- * Application is incomplete or illegible.
- * The entity name (Line 2) in the case of a corporation is the corporate name, not the president's name.
- * The application has not been signed.
- * ACH Debit Authorization incomplete.

Line 1	Type or Print Business/Trade Name - One (1) letter per block.
Line 2	Type or Print the business entity name (Corporate, Partnership, or Proprietor's Name - One (1) letter per block).
Line 3	Type or Print the mailing address - One (1) letter per block; abbreviate when possible.
Line 4	Type or Print the Post Office Box, rural route number, etc.
Line 5	Type or Print the city or town, state and zip code.
Line 6a	Check the type of legal organization if other than a Limited Liability Company (LLC).
Line 6b	If this operation is a Limited Liability Company (LLC) show whether the entity is taxed as a single member, corporation or partnership.
Line 7	Type or Print the Federal Employer Identification Number. If applied for, enter "Applied for" and notify the Department when received.
Line 8	Type or Print the Social Security Number or NH Department of Revenue issued Identification Number (Single Member LLC's) under which your business taxes for this operation will be reported.
Line 9	List the names, titles, social security numbers and home addresses of the individual owners (Proprietorships), partners (Partnerships), members and managers (Limited Liability Companies) and president and treasurer and anyone else in a managerial capacity (Corporations).
Disclosure of SSN:	Disclosure of your Social Security Number is mandatory under Department of Revenue Administration rule 708.05(d)(4). This information is required for the purpose of administering the tax laws of this state and authorized by 42 U.S.C.S. 405(c)(2)(C)(i). The tax information which is disclosed to the NH Department of Revenue Administration is held in strict confidence by law. The information may be disclosed to the US Internal Revenue Service, agencies responsible for the administration of taxes in other states in accordance with compacts for the exchange of information, and as otherwise authorized by NH RSA 21-J:14. The failure to provide a Social Security Number will result in a rejection of an application.
Line 10	If there is a designated person to contact regarding licensing, returns or payments, please indicate on this line.
Line 11	Provide the business and home telephone numbers.
Line 12	Type or Print the actual address where the business is located. For example, "1 Main St., Manchester, NH".
Line 13	Enter the proposed opening date of the business. NOTE: This license is required prior to operating.
Line 14	Enter the type of business activity. (For example, hotel, inn, restaurant, tavern, club, motel, dairy bar, ski area, tourist home, cottage, motor vehicle rentals, store, service station, rental agent and caterer).
Line 15	Please check all applicable items served by this business.
Line 16	If this business has room rentals, please check appropriate box(es). If sleeping accommodations are rented, please indicate the number of rooms at this business. If you are a motor vehicle rental operator only, disregard Line 16.
Line 17	If this is a seasonal business indicate the months it will be operated. If the operator desires to file tax returns on a seasonal basis, that is, less than twelve returns per year, check the appropriate block. Monthly filing will be required unless seasonal permission is granted. A return will be required for each month of the filing status, whether there is tax due or not.
Line 18	In case of change of ownership, provide the name the business previously operated under and the name of former owner(s).
Signature	The signature, in ink, of the person who is certifying the application information is required on all forms regardless of whether or not ACH debits will be authorized.
- INSTRUCTIONS for ACH DEBIT AUTHORIZATION - Note: any reference to bank means any financial institution Applicants choosing not to file via Telefile or E-FILE should leave line 19 through 24 blank.	
Line 19	Bank Name. The name of the bank where the account is located.
Line 20	Bank Routing/Transit Number. The number assigned to your particular banking institution.
Line 21	Name on Bank Account. The name in which this account is held (i.e. business name, personal name, etc.).
Line 22	FEIN/SSN on Bank Account. The identification number on this bank account.
Line 23	Bank Account Number. The account number assigned to your particular account.
Line 24	Account Type. Check whether a checking or statement savings account.
Authori- zation	If this person is authorizing the ACH Debit on this account this person <u>must be an authorized signatory on the account.</u>
ACH Signature	The signature (in ink) of the person who is authorizing the ACH information is required on all ACH Debit Authorizations.
Title	The title of the person who certified the application and authorized the ACH Debit on this account.
Date	The date this authorization is given.